

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014347

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317 542 894  
**FILED MAR 25 1963**

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Ferguson

Length of stay in 1b

years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

430 Adams Ave.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

Ferguson

d. STREET ADDRESS

(If outside, give location)

430 Adams Ave.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

Lola

S.

Poikert

4. DATE OF DEATH

Month

Day

Year

March 11th 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married

Widowed ☐

## 8. DATE OF BIRTH

7-11-01

## 9. AGE (last birthday)

61

## 10. IF UNDER 1 YEAR

Months

Days

## 11. IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Home

## 11. BIRTHPLACE (City and state or country)

Guthrie, Ind.

## 12. CITIZEN OF WHAT COUNTRY

U. S.

## 13a. FATHER'S NAME

Adam Deckard

## 13b. MOTHER'S MAIDEN NAME

Lydia Maddox

## 14. NAME OF HUSBAND OR WIFE

Henry G. Poikert

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)

No

NO.

## 17. INFORMANT

Address

Henry G. Poikert, Ferguson, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Natural causes, probably coronary

## INTERVAL BETWEEN ONSET AND DEATH

Years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at 5:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

(State)

Entombment

3-14-63

Mt. Lebanon Mausoleum

St. Louis County, Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

White-Mullen Mortuary, Ferguson, Mo.

3-14-63

*John M. Murphy*

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

14009

24009

3

4 1

5 1

6

7 1

8 2

94201

10

11

1290-3

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Reinhold K. Lehmann

Licensed Embalmer No. 3795

P. O. Address St Louis 95 mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).**

**If embalmed by a STUDENT, he also shall sign in his OWN handwriting.**

**If this body is not embalmed, fact should be so stated above.**